24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES

Schedule E)				PAGE 1 OF 144 FOR SE OF FORM 24/48
NAME OF COMMITTEE (In Full)				FEC IDENTIFICATION NUMBER ▼
Women Speak Out PAC				C C00530766
				O coccords
Check if X 24-hour report 48-hour report X New report X Amends report filed on				
Full Name of Payee Laura U Logie			Date of	of Public Distribution/Dissemination
			M	10 24 7 2014
Mailing Address 2565 Shire Circle			Amou	nt
City	State	Zip Code	<u> </u>	35.00
Harrisonburg	VA	22801		action ID : 14880b7a-585f-4765-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001		10 / 24 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Mr. Greg Orman		X Oppose	Preside	
Calendar Year-To-Date Per Election for Office Sought	1	181022.53	Disbursemen 2014 O	t For: Primary X General ther (specify) ▶
Full Name of Payee			Date	of Public Distribution/Dissemination
Matt Gleb			N	10 24 7 2014
Mailing Address 3815 Robin Road			Amou	nt
City	State	Zip Code	-	17.00
Ayden	NC	28513	Transa Date	ction ID: d50d6911-c953-4529-a of Disbursement or Obligation
Purpose of Expenditure Salary		Category/ Type 001	T N	10 24 2014
Name of Federal Candidate		Support	Office Sough	t: House District: 00
Ms. Kay Hagan		Oppose	Preside	ent Senate State: NC
Calendar Year-To-Date Per Election for Office Sought		1057773.12	Disbursemen 2014	t For:
(a) CURTOTAL of Haminad Indonesia Times distance				50.00
(a) SUBTOTAL of Itemized Independent Expenditures.			·	52.00
(b) SUBTOTAL of Unitemized Independent Expenditure	es		•	7 1 7 1 7
(c) TOTAL Independent Expenditures			· -	7 7 7
Under penalty of perjury I certify that the independent with, or at the request or suggestion of, any candidate party committee) any political party committee or its ag	or authorized	•		•
Ms. Emily Buchanan	[Electron	ically Filed] Date	10 /	25 / Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y Y
Signature				